

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/55970

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17		①				
18		①				
19		①				
20		①				
21		①				
22		①				
23		①				
24		①				
25	/					
26		/				
27		②				
28		②				
29		②				
30		②				
31		②				
32		②				
33		②				
34		②				
35		②				
36		②				
37		②				
38		②				
39		②				
40		②				
41		②				
42		②				
43		②				
44		②				
45		②				
46		②				
47		②				
48		②				
49			/			
50				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
68				/		
69				/		
70			/			
71				/		
72				/		
73				/		
74				/		
75				/		
76				/		
77				/		
78				/		
79				/		
80				/		
81				/		
82				/		
83				/		
84				/		
85				/		
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	42	←		←
TOTAL CLAIMS			44			